

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>INGLEWOOD HEIGHTS A.F.H./ Doina Apostol</b>	LICENSE NUMBER <b>750238</b>
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**NOTE:** The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

### Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

### About the Home

**1. PROVIDERS STATEMENT (OPTIONAL)**

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**Welcome to our home, where we provide a "home" atmosphere and the highest quality of care for all residents. Our goal is to maintain the dignity and independence of our residents and we are offering personalized services to their needs, preference and interest. Peace of mind for the families, knowing that their loved ones needs and comfort are met by our professional and compassionate staff.**

**2. INITIAL LICENSING DATE**

**12/27/2006**

**3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:**

**N/A**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**N/A**

**5. OWNERSHIP**

- ☒ Sole proprietor  
☐ Limited Liability Corporation  
☐ Co-owned by:  
☐ Other:

## Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

### 1. EATING

If needed, the home may provide assistance with eating as follows:

**Cuing, monitoring and total assistance. We provide any special diet as prescribed by a physician.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**Cuing, monitoring and total assistance.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**Cuing, monitoring, to a one or two person assist.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Cuing and monitoring to a one or two person assist.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Cuing and monitoring to a one or two person assist.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Cuing and set up to total assistance.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**Cuing and set up to total assistance.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**Cuing and set up to total assistance. Sponge bath daily. Shower any time as needed (at least once/week)**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We offer 5 private rooms and 4 bathrooms, roll in shower equipped with special chairs and grab bars for safety.**

## Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**We provide this service through nurse delegation from cuing and monitoring to total assistance.**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Through nurse delegation we can administer the insulin injections and check blood sugar level.**

### Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**Contract with RN to provide nurse delegation-any time (as needed).**

The home has the ability to provide the following skilled nursing services by delegation:

**Insulin injections and BS monitoring.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Depending on the nursing care service needed we will coordinate with the resident's physician and nurse delegator**

### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: on call-as needed
- ☐ Licensed practical nurse, days and times: \_\_\_\_\_
- ☒ Certified nursing assistant or long term care workers, days and times: 24/7
- ☒ Awake staff at night
- ☐ Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff with experience for more than 10 years.**

### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**english,french, hungarian,romanian**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Any culture,religion and language are welcomed in our house.**

### Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

**daily rate>\$100**

ADDITIONAL COMMENTS REGARDING MEDICAID

### Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Holidays, birthdays and special days parties. Social and board games. Old movies and records. Cable tv. Group reading. In home library services. Outdoor walking in the neighborhood, park and beach. Range of motion activities. Exercises. Free Wi-Fi and internet access. Music therapy. Ball tossing.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**All activities provided in accordance with the abilities and preferences of the residents.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

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